|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | PART B           | B - FEE(S)    | TRA                                                                                                                                                                                                                                                  | NSMITTAL                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|
| SEP 1 2 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | his form, together wit       |                  | or I          | Fax                                                                                                                                                                                                                                                  | Mail Stop ISSUE<br>Commissioner fo<br>P.O. Box 1450<br>Alexandria, Virg<br>(571) 273-2885                                                                                                                                                                                                                                                                                                    | r Patents<br>inia 22313-1450                        |                       |
| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where address as interest or transmitting the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as interest or transmittenance fees will be mailed to the current correspondence address as interest or transmittenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                  |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                       |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  021013 7590 08/09/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                  |               |                                                                                                                                                                                                                                                      | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                                                |                                                     |                       |
| AGFA CORPORATION LAW & PATENT DEPARTMENT 200 BALLARDVALE STREET WILMINGTON, MA 01887 19/13/2005 HDESTA2 00000047 133377 09800428                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                  |               |                                                                                                                                                                                                                                                      | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  Lynne M. Hawkes  (Depositor's name) |                                                     |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                  |               |                                                                                                                                                                                                                                                      | SUA M                                                                                                                                                                                                                                                                                                                                                                                        | 1 Staw Se                                           | (Signature)           |
| 1 FC:1501 1400.00 DA<br>2 FC:1504 300.00 DA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                  |               |                                                                                                                                                                                                                                                      | 9,                                                                                                                                                                                                                                                                                                                                                                                           | 18/05                                               | (Date)                |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FILING DATE                  | FIRST NAMED INVI |               | ) INVEN                                                                                                                                                                                                                                              | TOR                                                                                                                                                                                                                                                                                                                                                                                          | ATTORNEY DOCKET NO.                                 | CONFIRMATION NO.      |
| 09/800,428                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 03/05/2001                   | Wim Geurts       |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              | BARCO-012-1                                         | 2548                  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PPARATUS, PRODUCT, A         | ISSUE F          |               |                                                                                                                                                                                                                                                      | JBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                               | TOTAL FEE(S) DUE                                    | DATE DUE              |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NO                           | \$1400           |               | - '                                                                                                                                                                                                                                                  | \$300                                                                                                                                                                                                                                                                                                                                                                                        | \$1700                                              | 11/09/2005            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | ·                |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                   | 11/0//2005            |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                  |               | Ci                                                                                                                                                                                                                                                   | ASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                 | J                                                   |                       |
| BRINICH, STEPHEN M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | 2624             |               |                                                                                                                                                                                                                                                      | 358-003150                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                       |
| CFR 1.363). hange of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Lamber of Correspondence Address form PTO/SB/122) attached.  C2 the name of Correspondence or agents or agents (2) the name of Correspondence or agents (3) the name of Cor |                              |                  |               | mes of up to 3 registered patent attorneys OR, alternatively, me of a single firm (having as a member a attorney or agent) and the names of up to d patent attorneys or agents. If no name is name will be printed.  **Robert A. Sabourin**  2  3  3 |                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                       |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                  |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                       |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                  |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                       |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                  |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                       |
| Agfa-Gevaert N.V. Mortsel, Belgi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                  |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              | ,                                                   |                       |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                  |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | assignee category or catego  |                  |               |                                                                                                                                                                                                                                                      | Individual XXI C                                                                                                                                                                                                                                                                                                                                                                             | orporation or other private gr                      | oup entity Government |
| 4a. The following fee(s) are  XIssue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | enclosed:                    | 46               | D. Payment of | ` '                                                                                                                                                                                                                                                  | nount of the fee(s) is en                                                                                                                                                                                                                                                                                                                                                                    | olored                                              |                       |
| ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                  |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                  |               |                                                                                                                                                                                                                                                      | hereby authorized by charge the required fee(s), or credit any overpayment, to mber13-33.77 (enclose an extra copy of this form).                                                                                                                                                                                                                                                            |                                                     |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (from status indicated above |                  |               |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              | LL ENTITY status. See 37 C                          | ·                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                  |               |                                                                                                                                                                                                                                                      | _1                                                                                                                                                                                                                                                                                                                                                                                           | y paid issue fee to the applications or agent; or t | 107 1 1               |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Bled H.                      | Sala             | un            |                                                                                                                                                                                                                                                      | Date                                                                                                                                                                                                                                                                                                                                                                                         | Jap. 8, 20                                          | 05                    |
| Typed or printed name _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Robert A. Sat                | ourin            |               | ·                                                                                                                                                                                                                                                    | Registration                                                                                                                                                                                                                                                                                                                                                                                 | No. 35,344                                          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | · - · · · ·      | -             |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                       |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.